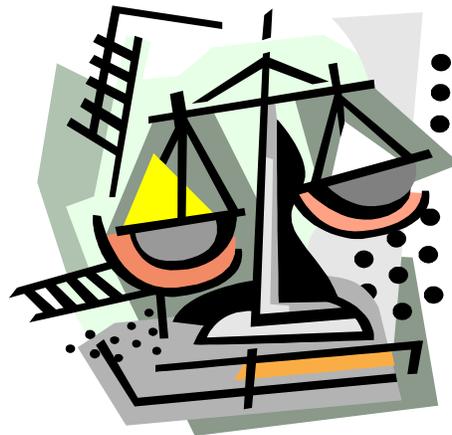


**ST. MARY PARISH  
YOUNG ADULT DRUG COURT  
OUTPATIENT CLINIC**

**A DRUG COURT TREATMENT PROGRAM**

**IN AND FOR THE**

**16<sup>TH</sup> JUDICIAL DISTRICT COURT  
PARISH OF ST. MARY  
FRANKLIN, LOUISIANA**



**POLICY & PROCEDURE MANUAL**

**LAST UPDATED 8/1/12**

## TABLE OF CONTENTS

Introduction.....	4
Mission Statement.....	4
Program Philosophy.....	5
Young Adult Program.....	5
STANDARD I	
LA R.S. 13:5301-5304.....	7
The Drug Court Team.....	7
Other Supportive Team Members.....	8
STANDARD II	
Eligibility Screening.....	9
Arrest.....	9
Referral.....	9
Criteria for Admission.....	9
Treatment Screening.....	10
Arraignment.....	10
Plea Agreement.....	10
Court Consents.....	11
STANDARD III	
Program Standards.....	12
Treatment Requirements and Methods.....	12
Case Management.....	14
Phase Advancement Tasks.....	15
Phase I Advancement Tasks.....	15
Phase II Advancement Tasks.....	17
Phase III Advancement Tasks.....	20
Phase IV Advancement Tasks.....	21
Aftercare Program.....	23
Program Completion.....	25
Graduation.....	25
Revocation.....	25
Ancillary Services.....	26
STANDARD IV	
Drug Screening.....	27
Random Testing.....	27
Urinalysis.....	27
Ordering Tests.....	28
The Collector.....	28
Collection Site.....	28
Collection Supplies.....	29
Drug Testing Chain of Custody Form (CCF).....	30
Collection Procedure.....	30
Shipping Procedure.....	32
Laboratory Procedure.....	32

Result Reporting.....	32
Positive Results.....	33
GCMS Testing.....	33
Cutoff Levels.....	33
Adulterated Samples.....	34
Infection Control.....	34
<b>STANDARD V</b>	
Incentives.....	35
Sanctions.....	35
Sanction Schedule.....	36
<b>STANDARD VI</b>	
Status Hearings Schedule by Phases.....	40
Incentives and Sanctions.....	40
Probation.....	40
<b>STANDARD VII</b>	
Program Goals and Objectives.....	41
DCCM.....	43
Continued Interdisciplinary Education.....	43
Record Maintenance Policy.....	43
Continuity of Operations Plan (COOP).....	44
Memorandum of Understanding.....	45

**ST. MARY YOUNG ADULT DRUG COURT OUTPATIENT CLINIC**  
**POLICY & PROCEDURES MANUAL**

**INTRODUCTION**

St. Mary Adult Drug Court Outpatient Clinic began operation on January 6, 1997 as a drug treatment court program and serves the Parish of St. Mary with a population of 52,000. The court is located in Franklin, Louisiana and the Clinic is located in Bayou Vista, Louisiana, at 1101 Southeast Boulevard. The Clinic's phone number is 985-399-5777 and the fax number is 985-399-4777. Our e-mail address is llevy@drugcourt.com. The intensive outpatient program is modeled on the Pensacola Drug Court Program and utilizes the 12 Step recovery principles of Alcoholics Anonymous.

In 1998, St. Mary Outpatient Drug Court Clinic opened another Clinic in New Iberia, Louisiana to serve the western end of the 16<sup>th</sup> Judicial District.

Honorable William D. Hunter, District Judge was instrumental in the planning and implementation of this program for the 16<sup>th</sup> Judicial District Court. As of this writing, he is the drug court Judge for both the adult and juvenile programs. This manual addresses the policies and procedures of the adult drug court program.

When Judge Hunter began to assemble the team for the drug court program, he called upon Lars Levy, the Administrator for Fairview Treatment Center and Claire House for Women & Children, to coordinate the treatment component of the program. Since that time, they have worked together, along with members of the District Attorney's Office, Probation, Indigent Defenders' Office and the community police agencies to form a coalition to target and treat chemically addicted offenders in the 16<sup>th</sup> Judicial District of Louisiana.

This effort would not be possible without the help of the Louisiana Supreme Court and the Office for Addictive Disorders for the Louisiana Department of Health & Hospitals. St. Mary Adult Drug Court Outpatient Clinic is a not for profit agency that provides treatment for individuals diagnosed with chemical dependency. St. Mary Adult Drug Court Outpatient Clinic operates under the licensing standards set forth by the Louisiana Department of Health & Hospitals, Office for Addictive Disorders. This manual is not an attempt to duplicate the Licensing Standards Manual, it is merely to address the policies specific to operating a treatment component of a drug court program.

**MISSION STATEMENT**

The Young Adult Track will employ best-practice strategies to reduce crime and substance abuse among high-risk, high-need Young Adult offenders using an evidence-based approach including early, continuous and intense treatment; close judicial supervision and involvement (including judicial interaction with participants and frequent status hearings); mandatory random drug testing; community supervision; appropriate incentives and sanctions; and recovery support (step-down services), all targeted to meet the unique needs of Young Adults.

## **PROGRAM PHILOSOPHY**

Alcoholism and drug dependency are regarded as diseases with multiple causation, which may involve emotional, physiologic, environmental and maladaptive factors.

The St. Mary Adult Drug Court Outpatient Clinic is an outpatient program for the rehabilitation of chemically dependent adults who are referred by the 16<sup>th</sup> Judicial District Court.

The philosophy of the program is that, utilizing appropriate adaptive mechanisms, availing oneself of the resources of family, friends, community and treatment, and also structuring a suitable recovery environment, all people would be capable of living free from abuse of dependency of alcohol or other drugs. The St. Mary Adult Drug Court Outpatient Clinic is designed to mentally and emotionally rehabilitate most patients within a treatment period structured to meet their individual needs so that they should be able to successfully participate in outpatient treatment free from alcohol or other drugs. The treatment modalities used to accomplish this is the concept that is similar to the methods used by most recognized programs for substance abusers. Involved is the utilization of group, individual and family therapy, the self help programs of AA/NA and case management in a structured and disciplined environment.

For those patients, who because of their long history of substance abuse involvement, experience withdrawal symptoms severe enough to interfere with daily living, referral to a detox facility, whether social or medical, are performed. Clients unable to maintain sobriety while participating in the program may require referral to an inpatient facility in order to provide some stability in which to cope with their substance dependency.

## **YOUNG ADULT PROGRAM**

St. Mary Parish Adult Drug Court has designed a Young Adult Program for clients between the ages of 18 and 25. The program began November 3<sup>rd</sup>, 2011. While we understand 18-to-25 year-olds are legally adults, in many ways, they are still adolescents developmentally. Major changes are occurring in the brain of Young Adults, changes that result in increased risk-taking and intensity of emotion. The program has been put into place to aid clients in this age group with special issues that often occur during this time.

The Young Adult Track will employ best-practice strategies to reduce crime and substance abuse among high-risk, high-need Young Adult offenders using evidence-based interventions including early, continuous and intense treatment; close judicial supervision and involvement (including judicial interaction with participants and frequent status hearings); mandatory random drug testing; community supervision; appropriate incentives and sanctions; and recovery support (step-down services), all targeted to meet the unique needs of Young Adults.

The Young Adult Program will offer an enhanced, more intense, motivational program, directed at their overall maturation and socialization into the adult world of this age group. Clients participating in this program will continue to follow the Adult Drug Court regimen along with special conditions for this Young Adult Program. The program will offer more

enhanced treatment in the following areas: peer mentoring, health and wellness, supportive living, healthy relationships, family, mental health, job readiness and education.

## STANDARD I

### **A. LA R.S. 13:5301-5304**

St. Mary Parish Adult Drug Court—Young Adult Drug Court is in practice and compliance with LA R.S. 13:5301-5304. See LA R.S. 13:5301-5304 in the index.

### **B. THE DRUG COURT TEAM**

*The Judge* is the “leader,” he oversees the entire program. He works with all other players from admission to discharge. He monitors progress of clients, meets with clients on a regular basis at status hearings. The Judge has the final word on sanctions and incentives.

*The District Attorney* or Assistant District Attorney assigned to drug court meets regularly with all staff to discuss client issues and attends status hearings. He refers all clients for admission. He recommends appropriate sanctions for non-compliance. He monitors probation officers and police officers to assure compliance with court instructions.

*The Indigent Defender* or client’s personal attorney meets with clients prior to admission to advise on program criteria and expectations. He also helps clients discern whether the program is appropriate for their particular case. He advises clients regarding the consequences of failure to complete the program. He is present at time of pleading and revocation. He also addresses legal issues should they arise during client’s participation.

*The Police Liaison* acts as a conduit between the Court and treatment provider, working with all parties to assure client compliance. She works closely with the Judge, relaying information obtained in the field such as; clients’ home environment, work environment and places frequented by the client that may constitute an obstacle to maintaining sobriety. The liaison also follows up on any bench warrants issued and communicates daily with all community police agencies to monitor any re-arrests of participants.

*The Administrator* is responsible for the treatment component of the program. He supervises the Program Director and all administrative functions of treatment for the 16<sup>th</sup> Judicial District Drug Court including financial and budgetary responsibilities. He establishes policy and procedure in accordance with the Louisiana Department of Health & Hospitals and reports to the Regional Administrator for that agency.

*The Program Director* reports to the Administrator. She is responsible for the day-to-day operations of the Clinic including the training and supervision of all counseling staff. She is also responsible for the supervision and training of the drug testing component as well as the case management staff. She attends all staff meetings and status hearings. She directs activities and reporting to ensure quality care to all clients.

*The Primary Counselor* is responsible for facilitating the client’s recovery through intensive outpatient treatment. The treatment will include education in chemical dependence and relapse

prevention. The methods used will include individual and group therapy sessions, as well as groups specifically targeted to cultural and women issues. The counselor will be responsible for maintaining accurate and complete case records on each client. He will attend status hearings and make recommendations to the court with regard to appropriate sanctions and incentives and phase advancement or demotion.

*The Case Manager* is involved in screening clients for admission and once accepted, begins to address client needs for ancillary services. These services include; medical, educational and employment needs. They may also include detox and/or inpatient treatment. He also follows up on status of client when referred to another facility. The case manager also prepares reports and maintains client records relating to employment and medical testing. The Case Manager is responsible for compiling all of the data that is presented at each status hearing. This status report lists each person on that day's docket, what happened at the last court appearance, what the current status of the client is in treatment, recommendations based on clients' participation and tracks what happens at the current status hearing. This report is given to the Judge, the Assistant District Attorney, Probation Officer and treatment provider. The report is also used in the staff meeting prior to the status hearing.

### **C. OTHER SUPPORTIVE TEAM MEMBERS**

*The Probation Officer* screens all candidates and makes referrals for assessment by the treatment provider. Once client is admitted, probation collects all fees due to the court, monitors any sanctions rendered by the court, i.e.: community service. The probation officer meets weekly with treatment staff to monitor client participation. She is available daily should problems arise. She is assigned exclusively to the drug court program. She reports to the court on a regular basis concerning status of clients and attends all status hearings.

*The Support Staff* includes Licensed Practical Counselors, Licensed Social Workers, Board Certified Substance Abuse Counselors, Lab Technicians, an Administrative Manager, Van Driver, Contract Therapists and Psychiatrist and Clerical employees.

## STANDARD II

### **A. ELIGIBILITY SCREENING**

St. Mary Parish Drug Court screens all clients for eligibility in accordance with the Drug Court Law Statue, La. R.S.13: 5301-5304.

#### **ARREST**

The probation officer assigned to Drug Court by the District Attorney's Office screens defendants within 48 hours of arrest. The admission criteria established by the District Attorney's Office is designed to identify those individuals who qualify for the intensive outpatient treatment the program demands. This criterion is outlined in the section titled "Admission Criteria."

#### **REFERRAL**

Referrals from any one of the following sources: 16<sup>th</sup> Judicial District Court, local city court jurisdictions, or self-referrals. The St. Mary Parish Drug Court and the District Attorney's Probation Department then screen all referrals for eligibility.

The attached chart shows the progression of the defendant from arrest to admission.

### **B. CRITERIA FOR ADMISSION**

- ! Adults age 18 to 25 years old with a history of chemical dependence and addiction.
- ! Persons charged with misdemeanor or felony crimes with no history of violence, gang affiliation or significant or substantial drug dealing.
- ! Criminal history may include crimes other than drug charges.
- ! When the arrest is for drug possession the amount must be consistent with personal use.
- ! The defendant must not have holds from other jurisdictions.
- ! A weapon cannot be used in the commission of crime.
- ! The defendant is not on probation or parole from previous activity.
- ! There cannot be other felony crimes or misdemeanors pending or charged in the same instrument that remain unresolved at the time of admission.

! All admissions must have prior screening and approval by the District Attorney's Office.

### **C. TREATMENT SCREENING**

Prior to admission, after initial screening by the District Attorney's Probation Officer assigned to the drug court program, defendants submit to a screening process by St. Mary Young Adult Drug Court Outpatient Clinic's Case Manager. Where indicated, release forms are signed and sent to previous treatment providers including mental health professionals. This information is assessed to determine appropriateness for treatment.

The forms utilized in the screening process are attached and listed below:

- § 5a - Intake Screening
- § 5b - Alcohol Stages Index
- § 5c - Substance Abuse Questionnaire
- § 5d - South Oaks Gambling Screen
- § 5e - Consent for Drug Screen
- § 5f - Consent to Release Information to Court and its Officers
- § 5g - SASSI (Substance Abuse Subtle Screening Inventory)

Once the above-mentioned forms are completed and scored, the Case Manager/Counselor consults with the Program Director or Clinical Supervisor on staff and a determination is made with regard to acceptance into the drug court program. Much attention is made to be very inclusive as to admission procedures.

### **D. ARRAIGNMENT**

The Indigent Defender or the defendant's personal attorney meets with prospective clients to inform them of their rights. The probation officer informs them of the expectations and requirements of the program. These requirements are outlined in the client handbook given to each client at intake. The requirements are listed in this manual in the section titled "Program Standards, Treatment Methods".

### **E. PLEA AGREEMENT**

The defendant must plead guilty to the police report in order to be admitted into the drug court program. The Drug Court Judge imposes sentencing and set aside post adjudication. Plea-ins

takes place on Monday mornings at 9:00am. The defendant is issued an appointment card at court with an assigned counselor, time, and date to appear at St. Mary Young Adult Drug Court Outpatient Clinic. The intake is done and treatment begins that day.

There is a 30-day opt out period for the court and 14 day opt-out period for the client. During this period, clients are continually assessed for appropriateness and motivation for treatment, monitored closely by probation and police liaison officer and begin a relationship with the drug court judge. It is hoped that this close scrutiny will be a predictor of success. It also gives the client an opportunity to make the commitment to recovery based on first hand knowledge and experience of the program.

## **F. COURT CONSENTS**

All clients sign a “Consent to Release Information to Court and its Officers” form to allow communication about confidential information and participation and progress in treatment in compliance with 42 CFR, Part 2 and LA R. S. 13:5301-5304.

## STANDARD III

### A. PROGRAM STANDARDS

#### TREATMENT REQUIREMENTS AND METHODS

Substance abuse treatment services will be provided by a multi disciplinary team including licensed professional counselors, licensed social workers, licensed addiction counselors, substance abuse counselors, a medical director who is a licensed physician, a program director, case managers and support staff. The team will participate in the provision of treatment and aftercare services for up to 75 clients. St. Mary Young Adult Drug Court Outpatient Clinic will comply with the regulations as set forth in the Louisiana Department of Health & Hospitals, Standards Manual for Licensing Alcohol and Drug Abuse Programs and the Office for Addictive Disorders Monitoring Plan.

- < Assessment: To determine appropriate level of care and type of treatment recommended.
- < Referrals will be completed by the case manager utilizing state funded facilities and/or private programs where appropriate.

Should a client meet criteria for program admission as outlined on Page 4 “Eligibility Standards”, the following services will be performed when appropriate to that client’s treatment plan:

- < Intensive Outpatient; Clients will participate at least three times per week in Phase I, at least two times per week in Phase II, at least once per week in Phase III, and at least once a week in Phase IV, and at least once monthly in Aftercare. Each contact with clients in treatment will, regardless of Phase, last at least 2 hours in duration. Group sessions are scheduled during the evening to accommodate work and school schedules.
- < Three staffings will include Initial, Treatment Planning and Discharge. Staffing shall be required within 30 days of admission into the program and at least every 90 days thereafter until discharge.
- < The provider agrees to provide 4 phases of treatment, each varying in length of stay and intensity. The course of treatment in all 4 phases will culminate in the successful completion of the treatment program after a minimum of 12 months. Each client is required to complete the tasks assigned to each phase of treatment. These phase advancement tasks are outlined in the client handbook that is given to the client at intake. The phase advancement tasks start on page 12.
- < Provider agrees to report to the 16<sup>th</sup> Judicial District Court and its officers on the status of all participants at the regularly scheduled status hearing and whenever requested. Treatment will provide an educational series of lectures consisting of topics including,

but not limited to;

- Relapse Prevention
- Disease Concepts
- Anger and Conflict Resolution
- Vocational and Educational Enhancement
- Relationship Skills
- Family Dynamics
- Parenting Skills
- Cultural Issues
- Cross Addiction
- Spirituality
- Prevention of Sexually Transmitted Disease
- HIV Education
- Women's Issues
- Coping Skills
- Gambling
- Character Development
- Program Orientation Series
- Life Skills Training

- < The provider will provide individual therapy monthly or on an as needed basis as determined by the clinical staff and/or the client. The staff will make clients aware of this service and urge them to utilize it.
- < The provider agrees to offer family and relationships counseling each week. Education and therapy specific to the individual needs of the participants will be provided.
- < The provider agrees to provide case management services to clients in order to facilitate the utilization of available resources within the community
- < The provider will provide referrals for inpatient and/or detox treatment where indicated. When appropriate, clients may be referred for a psychological evaluation by a licensed psychologist or psychiatrist. Pending the outcome of such an evaluation, clients may see by the staff or be referred for on-going treatment to St. Mary Mental Health or a private provider of such services. In the case of a co-occurring disorder client, the client may see the mental health counselor and/or caseworker, LPC or LCSW as well as their primary substance abuse counselor simultaneously.
- < The case manager will monitor all outside treatment until the client returns to the drug court program or is discharged.
- < Each client will receive a "client handbook" upon admission. The handbook outlines specific phase advancement tasks that are required to complete each phase. Client will

attend Program Orientation Session with their primary counselor within 14 days of entering Phase I.

- < All clients are required to participate in either AA or NA groups independent of their regularly scheduled sessions at the clinic. This attendance is monitored by their primary counselor and reported at the status hearing.
- < The provider will perform urine drug testing on all clients throughout program participation on a random basis. Color Codes and phone calls are used.
- < The provider will provide an aftercare component to clients that have completed all 4 phases of treatment. The length of time in aftercare will be determined on an individual basis after consultation between the primary counselor and the client. Attendance in aftercare is voluntary. All graduates are encouraged to enroll. Clients will attend weekly and drug testing is random.
- < Fees are assessed at intake and are based on the client's ability to pay. There are fines and fees that are due and payable to the District Attorneys' Office and are separate from treatment fees. All treatment fees are based on a sliding scale provided by the Louisiana Department of Health & Hospitals. In the event that a treatment fee is assessed, terms are agreed upon and payment commences within the first 30 days. All clients are charged for drug screens, regardless of income. Those fees are:

<b>Phase I</b>	<b>\$12.00</b>
<b>Phase II</b>	<b>\$10.00</b>
<b>Phase III</b>	<b>\$8.00</b>
<b>Phase IV</b>	<b>\$8.00</b>
<b>Aftercare</b>	<b>\$8.00</b>

- < Once a client becomes employed, their ability to pay is re-assessed and they may have a treatment fee. All clients are informed of this condition at intake.
- < All clients must submit to a yearly physical examination by a licensed physician. The clinic also conducts mandatory tuberculosis and VDRL testing. The clinic offers voluntary HIV and pregnancy testing to all clients.

## **B. CASE MANAGEMENT**

All clients receive a chart number and charts are maintained in compliance with licensing standards set forth by the State of Louisiana, Department of Health & Hospitals.

**Each chart includes the following, documentation can be found in the index:**

- Family Attendance Calendar Log
- Client Termination & Discharge Summary
- Case Activity Form
- Emergency Information
- Client Data Sheet
- Patient Rights
- Drug Screen Consent
- Treatment Plans
- Client Contract
- Progress Notes
- Intake Form
- ASI
- Substance Abuse Evaluation
- Alcohol Stages Index
- Gambling Assessment (SOGS)
- SASSI
- Labs
- Medical Screening
- Doctor's Progress Note
- Referral Form
- Phase Advancement Checklist
- Court Reports
- Correspondence
- UA Log Sheet
- Urine Screen Results
- Group Therapy Rules
- Orientation Session
- Releases of Information
- Change of Address Form
- Consent For Blood Work and TB Testing
- Statement of Income
- Proof of Income

During the intake/assessment process, client needs are addressed by the case manager to determine appropriate referrals for ancillary services such as; health care issues, education and job training and placement. Referrals and appointments are scheduled; a follow up is done to monitor progress.

The case manager maintains these records, as well as any additional referrals for services including psychological evaluations and mental health appointments.

### **C. PHASE ADVANCEMENT TASKS**

*These are the Phase Advancement tasks that have been extracted from the client handbook.*

#### **PHASE I ADVANCEMENT TASKS**

##### **ATTENDANCE**

Each client must complete 8 weeks (3 sessions per week total of at least 24 sessions) of Education/Experiential work as found on the lecture schedule. At least one of these sessions will be a **Peer Group** session which is mandatory. Failure to appear for these lectures (whether excused or unexcused) may affect a client's ability to advance to Phase II.

Clients must attend **1 Mandatory Individual Counseling Session** per month (with your assigned primary counselor).

Clients must attend **1 Mandatory Family Individual/Collateral Session** to advance to Phase II, with your assigned primary counselor. You will be required to have a family member(s) attend this session with you.

**Clients are not allowed to miss groups, unless there is a medical reason for the absence. Any other reason for missing group must be pre-approved by your counselor. If you do not have a medical excuse or did not receive permission prior to your absence from group, the judge will impose sanctions.**

Clients must attend monthly probation meeting with Probation Officer. If you fail to do so, the judge will impose sanctions.

### **MAINTAINING SOBRIETY/DRUG FREE STATUS**

Any positive drug screen/breath test will result in sanctions and possibly delay advancement to Phase II.

Clients must remain sanction free for one month before advancing to Phase II.

Maintain all conditions of probation including curfew and drug areas as well as bars, casinos, etc. (This will be monitored by Compliance Officer).

### **AA MEETINGS**

Clients must provide documentation of having attended 3 AA/NA meetings per week. Your AA sheets are due the *first* group meeting of each week. Clients may receive 1 signature from attending church. You must attend the entire meeting in order to receive credit for the meeting. During Phase I, clients are encouraged to attend Open AA Meetings. *Open* AA Meetings are meetings that are open to the general public.

### **FAMILY ATTENDANCE**

Clients are required to have family attend the family group therapy on Monday nights. Clients must have a minimum of 5 documented family group attendances in order to advance to Phase II. Clients must attend **1 Mandatory Family Individual/Collateral Session** to advance to Phase II, with your assigned primary counselor. Family members must be **18 years old or older to attend**, unless pre-approved by your counselor.

**You are not allowed to have a client currently enrolled in Drug Court attend Family Group Sessions on your behalf.**

## **EMPLOYMENT/EDUCATION**

Every client must get a full-time job or enroll in an educational program. Make an appointment with the Employment Case Manager for job referrals and educational placement. Clients are given one month to gain full time employment once entering the program. Clients are not allowed to work offshore or have an offshore-type of work schedule during Phase I because you need to attend meetings and be available for drug testing etc. Talk with your counselor about this if you need more information.

Clients needing to enhance their job performance skills may be referred to Job Readiness Class.

Clients going to school for less than 5 hours a day must attain a part-time job.

### **FEES**

Clients must have a minimum balance of \$100.00 on their drug screen bill in order to advance to Phase II.

## **ASSIGNMENTS**

1. Complete written work on a “*Drug History*.”
  - This assignment must be checked by your counselor and marked as completed on the group roster in order to be eligible to advance to Phase II.

## **PHASE II ADVANCEMENT TASKS**

### **ATTENDANCE**

Each client must complete 16 weeks (2 sessions per week total of at least 32 sessions) and all assigned random drug screens. At least one of these sessions will be a **Peer Group** session which is mandatory. Failure to appear for these sessions (whether excused or unexcused) will affect a client’s ability to advance to Phase III.

Clients must attend **1 Mandatory Individual Counseling Session** per month (with your assigned primary counselor).

Phase II will last a minimum of 16 weeks~32 sessions.

**Clients are not allowed to miss 2 groups in a row due to work, unless you are employed offshore. If you miss two groups in a row for work reasons, the judge will impose sanctions.**

Clients must attend **1 Mandatory Individual Counseling Session** per month (with your assigned primary counselor).

Clients must attend monthly probation meeting with Probation Officer. If you fail to do so, the judge will impose sanctions.

### **MAINTAINING SOBRIETY/DRUG FREE STATUS**

Any positive drug screen/breath test will result in sanctions and possibly delay advancement to Phase III.

Clients must have at least 2 months drug-free or one month without any sanctions by the judge in order to qualify for advancement to Phase III.

### **AA MEETINGS**

Clients must provide documentation of having attended 3 AA/NA meetings per week. Your AA sheets are due the *first* group meeting of each week. Clients may receive 1 signature from attending church. You must attend the entire meeting in order to receive credit for the meeting. Clients will be expected to obtain a 12-Step (AA/NA) Sponsor during Phase II. Clients must turn in a *sponsor letter* once a month.

### **FAMILY ATTENDANCE**

Clients are required to have family attendance at Family Group therapy on Monday nights. Clients must have a minimum of 4-documented family group attendances in order to advance to Phase III. If you have trouble getting your family to attend, talk with your counselor to find ways to get your family involved. Family members must be **18 years old or older to attend**, unless pre-approved by your counselor.

**You are not allowed to have a client currently enrolled in Drug Court attend Family Group Sessions on your behalf.**

### **EMPLOYMENT/EDUCATION**

Clients must keep a full-time job or be enrolled in an educational program. Your Employment Case Manager can help you with job referrals and educational placement. Clients may have offshore jobs or have an offshore-type work schedule after 4 weeks of continuous success in Phase II. Clients' offshore privileges, however, are based on their participation in the program. You must sign an Offshore Contract with your counselor stating you understand the rules of working offshore and the procedure for making up missed groups and AA/NA meetings. Clients must notify their counselors before going offshore. Upon return from offshore, clients must provide a valid work excuse and return to treatment. Be aware that the Judge may take away offshore privileges if a client is not progressing, not following his or her program schedule, or not making progress in treatment. The goal of treatment is to recover from

alcoholism and drug dependence, while a job is an important part of recovery, it can never be allowed to overshadow treatment. Clients may only work an offshore schedule of 7&7 or 14&7.

Clients going to school for *less than 5 hours a day* must attain a part-time job.

## **FEES**

Clients must have a minimum balance of \$50.00 on drug screens bill in order to advance to Phase III.

## **TREATMENT ISSUES**

Each client will develop a plan for his/her recovery with the help of a Counselor. This plan will include short-term goals for each client's specific needs and plans. A minimum of 5 short-term goals must be identified and completed in order to advance. The Counselor will help the client in honestly identifying these goals.

Maintain employment or school attendance (this will be monitored by Case Manager).

Maintain all conditions of probation including curfew and drug areas as well as bars, casinos, etc. (This will be monitored by Compliance Officer).

## **ASSIGNMENTS**

1. Present "***Drug History***" in group.
2. Complete written work on "***Consequences I've paid due to my use of alcohol and/or other chemicals***" and present in group.
3. Complete written work on "***15 ways my alcohol and/or drug use has negatively affected my family or loved ones***" and present in group.
4. List "***Personal Defense Mechanisms***" and present in group.
5. Obtain "***12-Step Sponsor.***"
6. That sponsor will write at least one letter per month about the client and the client is responsible for giving that letter to his/her Counselor each month.
7. Complete and present "***Relapse Prevention Packet.***"
8. These assignments must be checked by your counselor and marked as completed on the group roster in order to be eligible to advance into Phase III.

## PHASE III ADVANCEMENT TASKS

### ATTENDANCE

Clients must attend 1 group counseling session per week and all assigned random drug screens. Failure to appear for these sessions (whether excused or unexcused) will affect a client's ability to advance to Phase IV.

Clients must attend 1 individual counseling session per month (with your assigned primary counselor).

Phase III will last a minimum of 12 weeks~12 sessions.

**Clients are not allowed to miss 2 groups in a row due to work, unless you are employed offshore. If you miss two groups in a row for work reasons, the judge will impose sanctions.**

### MAINTAINING SOBRIETY/DRUG FREE STATUS

Any positive drug screen/breath test will result in sanctions from the judge and possibly delay advancement to Phase IV.

Clients must have at least 2 months of continuous sobriety or be one-month sanction free in order to progress to Phase IV.

### AA MEETINGS

Clients must provide documentation of having attended 3 AA/NA meetings per week. You must attend the entire meeting in order to receive credit for the meeting. Clients may receive 1 signature from attending church.

Clients must turn in a *sponsor letter* once a month.

### FAMILY ATTENDANCE

Clients are required to have family attendance at family groups on Monday nights. Clients must have a minimum of 3-documented family group attendances in order to progress to Phase IV.

Family members must be **18 years old or older to attend**, unless pre-approved by your counselor.

**You are not allowed to have a client currently enrolled in Drug Court attend Family Group Sessions on your behalf.**

## **EMPLOYMENT/EDUCATION**

Clients must maintain full-time employment or enroll in an educational program. Clients going to school for less than 5 hours a day must attain a part-time job.

## **FEES**

Clients must have a minimum balance of \$50.00 on their drug screen bill in order to advance to Phase IV.

## **TREATMENT ISSUES**

Update a Plan of Recovery with a counselor to include *new* short-term goals individualized to each client's specific needs and plans. A minimum of 5 short-term goals must be identified and completed in order to advance. These goals are to be developed conjointly with the counselor and the client.

Develop a Continuing Care Plan with a counselor.

Maintain employment or school attendance (this will be monitored by Case Manager).

Maintain all conditions of probation including curfew and drug areas as well as bars, casinos, etc. (This will be monitored by Compliance Officer).

## **ASSIGNMENTS**

1. Complete written work on "*My Identification of Relapse Warning Signs and Triggers*" and present in group.
2. Complete written work on "*My Specific Plan to Address my Relapse Warning Signs and Triggers*" and present in group.
3. Turn in a "*Sponsor Letter*" once a month.
4. These assignments must be checked by your counselor and marked as completed on the group roster in order to be eligible to advance into Phase IV.

## **PHASE IV ADVANCEMENT TASKS**

### **ATTENDANCE**

Clients must attend one Phase IV group counseling session per week for 12 sessions. After 12 weeks, clients are eligible to graduate but must attend Aftercare Groups and follow Aftercare Program rules until graduation from the program. Until graduation, clients must still follow

U/A procedures. Failure to appear for these sessions (whether excused or unexcused) will affect a client's ability to graduate.

Clients must attend **1 Mandatory Individual Counseling Session** per month (with your assigned primary counselor).

Attend all assigned random drug screens.

Phase IV will last a minimum of 12 weeks or 12 sessions.

**Clients are not allowed to miss 2 groups in a row due to work, unless you are employed offshore. If you miss two groups in a row for work reasons, the judge will impose sanctions.**

Clients must attend monthly probation meeting with Probation Officer. If you fail to do so, the judge will impose sanctions.

#### **MAINTAINING SOBRIETY/DRUG FREE STATUS**

Any positive drug screen/breath test will result in sanctions from the judge. If a client tests positive for drugs or alcohol, the judge will sanction the client by demoting back to Phase III.

Clients *demoted to Phase III* will be required to stay in Phase III for a minimum of one month. Client must complete the Phase III assignments, "***My Identification of Relapse Warning Signs and Triggers***" and "***My Specific Plan to Address my Relapse Warning Signs and Triggers***" before being eligible to return back to Phase IV. When promoted back to Phase IV, clients must restart the phase and complete the 12 weeks or 12 sessions.

Clients must have at least 3 months of continuous sobriety or two months without any sanctions from the judge in order to qualify for graduation.

#### **AA MEETINGS**

Clients will be required to have 2 AA Meetings weekly. You must attend the entire meeting in order to receive credit for the meeting. **Clients may receive 1 signature from attending church.**

Clients ordered to serve a weekend in jail will still be responsible for completing 2 AA/NA meetings.

Clients must turn in a sponsor letter once a month.

## **FAMILY ATTENDANCE**

Clients are encouraged to continue having family attendance at family therapy groups; however this is not mandatory in Phase IV. Family members must be **18 years old or older to attend**, unless pre-approved by your counselor.

**You are not allowed to have a client currently enrolled in Drug Court attend Family Group Sessions on your behalf.**

## **FEES**

All fees owed to probation for fees and fines and to the clinic for treatment or drug screens must be paid in full prior to being nominated for graduation.

## **TREATMENT ISSUES**

Discuss with a counselor during monthly individuals how client's Continuing Care Plan is working. Make adjustments as needed.

Maintain employment or school attendance (this will be monitored by Case Manager).

Maintain all conditions of probation including curfew and drug areas as well as bars, casinos, etc. (This will be monitored by Compliance Officer).

## **ASSIGNMENTS**

Develop Continuing Care Plan/Aftercare Plan Packet with a counselor. Clients must have their Continuing Care Plans approved by Program Director before being eligible for graduation.

## **AFTERCARE PROGRAM**

### **ATTENDANCE**

Clients must attend one Aftercare group counseling session per month until graduation.

Clients must still follow UA procedures. Failure to appear for these sessions (whether excused or unexcused) will affect a client's ability to graduate.

Clients must attend **1 Mandatory Individual Counseling Session** per month (with your assigned primary counselor).

**Clients are not allowed to miss 2 groups in a row due to work, unless you are employed offshore and arrangements are made with the Aftercare Counselor. If you miss two groups in a row for work reasons, the judge will impose sanctions.**

Clients must attend monthly probation meeting with Probation Officer. If you fail to do so, the judge will impose sanctions.

### **MAINTAINING SOBRIETY/DRUG FREE STATUS**

Any positive drug screen/breath test will result in sanctions from the judge. If a client tests positive for drugs or alcohol, the judge will sanction the client by demoting back to Phase III.

Clients *demoted to Phase III* will be required to stay in Phase III for a minimum of one month. Client must complete the Phase III assignments, *“My Identification of Relapse Warning Signs and Triggers”* and *“My Specific Plan to Address my Relapse Warning Signs and Triggers”* before being eligible to return back to Phase IV. When promoted back to Phase IV, clients must restart the phase and complete the 12 weeks or 12 sessions.

Clients must have at least 3 months of continuous sobriety or two months without any sanctions from the judge in order to qualify for graduation.

### **AA MEETINGS**

Clients will be required to have 1 AA Meeting monthly. You must attend the entire meeting in order to receive credit for the meeting. **Clients may receive 1 signature from attending church.**

**Only AA/NA meeting signatures will be accepted, Culture and Medicine Group Signatures will not be accepted.**

Clients must turn in a sponsor letter once a month.

### **FEES**

Clients will remain in aftercare until all treatment fees, probation fees, fines, and court costs are paid in full. Once these fees are paid in full, the client will be allowed to graduate from the program upon the next scheduled graduation; however the client must still follow the Aftercare Program until then.

### **TREATMENT ISSUES**

Discuss with a counselor during monthly individuals how client’s Continuing Care Plan is working. Make adjustments as needed.

Maintain employment or school attendance (this will be monitored by Case Manager).

Maintain all conditions of probation including curfew and drug areas as well as bars, casinos, etc. (This will be monitored by Compliance Officer).

## **ASSIGNMENTS**

Develop Continuing Care Plan/Aftercare Plan Packet with a counselor. Clients must have their Continuing Care Plans approved by Program Director before being eligible for graduation.

**Note:** Graduates of our program are also encouraged to attend Aftercare meetings. Helping graduates maintain recovery after they leave treatment is an important goal at Drug Court. Clients should continue to readjust their behavior to the ongoing reality of a pro-social, sober lifestyle.

## **ADDITIONAL THERAPY:**

*Additionally, a licensed therapist conducts a specialty group for Relapse on Thursday nights to assist clients who have relapsed during the course of the program.*

## **PROGRAM COMPLETION**

### **GRADUATION**

A participant who has successfully completed all tasks assigned to each phase of treatment, as outlined in the “Phase Advancement Tasks” and has paid all fees owed to the courts, probation and treatment provider is eligible to graduate from the program. A graduation ceremony is held at the 16<sup>th</sup> Judicial District Courthouse in Franklin, Louisiana, and certificates of completion and medallions are awarded to each graduate. The decision concerning probation dismissal and dismissal of charges (Article 893 for felony charges and Article 894 for misdemeanor charges) rests with the District Attorney. Some graduates, although successfully discharged from the treatment component of the drug court program may remain on probation and dismissal of charges may come at a later date.

### **REVOCATION**

Once a participant has passed the initial opt out period, he/she may be unsuccessfully discharged from the drug court program due to the following conditions:

- < Re-arrest for a new crime, such as a serious drug charge or commission of a violent crime, with or without a weapon.

- < A hold from another jurisdiction not previously discovered.
- < A pattern of failure to maintain sobriety.
- < Serious non-compliance with program rules.
- < A pattern of nonattendance to treatment and/or status hearings.

### **ANCILLARY SERVICES**

The drug court program relies heavily on outside services provided in the community. We have met with and continue to work with agencies to provide services for the client such as education, parenting, housing, medical services and job skills. The client's needs are assessed at intake and appointments are scheduled to access those services. St. Mary Young Adult Drug Court Outpatient Clinic has entered into cooperative agreements with the respective agencies. The agencies are listed in the section entitled "Memorandum of Understanding".

## **STANDARD IV**

### **DRUG SCREENING**

The policy of St. Mary Young Adult Drug Court Outpatient Clinic with respect to drug screening is based on a random color-coded system. Additional tests such as oral swabs are used with GCMS confirmation available.

#### **A. RANDOM TESTING**

Clients are given the UA line telephone number to call daily for their urine screen color. Each phase is given a color suiting to SCDCO requirements for the randomness of its urine screens. Clients are given a color specific to their phase and/or counselor. Each client is given a handbook that outlines specific information for days and times to contact the UA line for urine screens. Clients are also informed that they may be asked to provide a urine specimen on days when their color is not called.

##### **Amount of times colors are called:**

- Phase I—2-4 times per week
- Phase II—2-3times per week
- Phase III—1-3 times per week
- Phase IV—1-4 times per month
- Aftercare—1-3 times per month

#### **B. URINANALYSIS**

During the screening at the Clinic, the defendant is required to submit a full panel drug screen. A positive test result does not exclude a defendant, but is used to determine first course of treatment, which may be medical or social detox or inpatient care. Additional drug screening that may be used includes oral swabs (saliva testing). A recommendation is made to probation based on the results of the total screening.

This drug screen includes testing for the following drugs of abuse:

- |                          |                    |
|--------------------------|--------------------|
| ○ <b>Amphetamines</b>    | ○ <b>Marijuana</b> |
| ○ <b>Barbiturates</b>    | ○ <b>METG</b>      |
| ○ <b>Benzodiazepines</b> | ○ <b>Methadone</b> |
| ○ <b>Cocaine</b>         | ○ <b>Opiates</b>   |
| ○ <b>Ethanol</b>         | ○ <b>Suboxone</b>  |

There is special testing done for the following drugs of abuse:

- |                    |                              |               |
|--------------------|------------------------------|---------------|
| ○ <b>Bath Salt</b> | ○ <b>Synthetic Marijuana</b> | ○ <b>Soma</b> |
|--------------------|------------------------------|---------------|

### **C. ORDERING TESTS**

Full panel drug screens will be ordered on any prospective client that comes to the Clinic to be screened for admission to the program. Full panels will also be ordered on every client entering the program and on clients that have been absent for a week or more. Any positive tests must be repeated at each testing until 2 consecutive negative screens have been recorded. From that point on, only 2 panels should be ordered for each client being tested. These 2 panels should vary depending upon reasonable suspicion or clients' drug of choice.

### **D. THE COLLECTOR**

SECON provides St. Mary Parish Drug Court with a trained collector. A collector is a trained individual who instructs and assists a donor at a collection site, receives and makes an initial inspection of the urine specimen provided by a donor, and initiates and completes the Drug Testing Chain of Custody Form.

A collector should have appropriate identification. The collector is required to provide his or her identification (or collection company identification) if requested by the donor. There is no requirement for the collector to have a picture I.D. or to provide his or her driver's license with an address. Also, the collector is not required to provide any certification or other documentation to the donor proving the collector's training in the collection process.

### **E. COLLECTION SITE**

1. A collection site is a facility (permanent or temporary) where a donor provides a specimen for a drug test. A collection site must have:
2. A restroom/stall with a toilet for the donor to have privacy while providing the urine specimen. The presence of a toilet is not absolutely necessary when a single-use collection container is used that has sufficient capacity to contain the entire void. Whenever available, a single toilet restroom is preferred. All types of restrooms including a mobile facility (e.g., a vehicle with an enclosed toilet) are acceptable.
3. A source of water for washing hands that, if practical, is external to the restroom/stall where urination occurs. If a water source is not available, providing a moist towelette outside the restroom/stall is an acceptable alternative.
4. Security features to prevent unauthorized access to the site during the collection.
5. Clients will be admitted into the clinic and the collection area in a controlled manner. Only 5 clients per staff member will be permitted at any one time in the collection area.

6. Features to prevent the donor or anyone else from gaining unauthorized access to the collection materials/supplies. The collector must ensure that the donor does not have access to items that could be used to adulterate or dilute the specimen (e.g., soap, disinfectants, cleaning agents, water).
7. Features to provide for the secure handling/storage of specimens from collection until shipment.

## **F. COLLECTION SUPPLIES**

The following items must be available at the collection site to conduct proper collections:

1. Single-use plastic collection containers. Each collection container must be individually sealed using a tamper-evident system (such as, sealed plastic bag, shrink wrap, or another easily visible tamper-evident system), be large enough to easily catch and hold at least 55 mL urine, and have graduated volume markings clearly noting levels of 45 mL and above.
2. Single-use plastic specimen bottles. Each specimen bottle with cap must be sealed using a tamper-evident system (such as, sealed plastic bag, shrink wrap, or another easily visible tamper-evident system), be large enough to hold at least 35 mL (or they may be two distinct sizes of specimen bottles providing that the bottle designed to hold the primary specimen holds at least 35 mL of urine and the bottle designed to hold the split specimen holds at least 20 mL), have screw-on or snap-on caps that prevent leakage, have markings clearly indicating the appropriate levels (30 mL for the primary specimen and 15 mL for the split specimen) of urine to be poured into each bottle, be designed so that the required tamper-evident bottle label/seal on the CCF fits with no damage to the seal when the employee initials it nor with chance that seal overlap would conceal printed information, and be leak-resistant.
3. Drug Testing Chain of Custody Forms (CCF).
4. Tamper-evident seals. Occasionally, the tamper-evident label/seal provided with the CCF will not properly adhere to the specimen bottle because of environmental conditions (e.g., moisture, temperature, specimen bottle material). If this occurs, the collector should have a separate tamper-evident label/seal that can be used to seal the specimen bottle.
5. Leak-resistant plastic bags. The plastic bag must have two sealable compartments or pouches (i.e., one large enough to hold two specimen bottles and the other large enough to hold the CCF).

6. Absorbent material. The absorbent material is placed with the specimen bottles inside the leak-resistant plastic bag in case a specimen bottle leaks during shipment.
7. Shipping containers. Boxes or bags that are used to transport specimens to the laboratory and can be securely sealed to prevent the possibility of undetected tampering. A shipping container/mailler is not necessary if a laboratory courier hand-delivers the sealed leak-resistant plastic bags containing the specimen bottles directly from the collection site to the laboratory.
8. Secure temporary location. If the sealed leak-resistant plastic bag containing the specimen bottles is not immediately placed in a shipping container, the sealed plastic bag must always be maintained within the line of sight of the collector to ensure that no one has access to the specimen until it is placed in a shipping container or it must be placed in a secured temporary location (e.g., inside a refrigerator that can be secured, inside a cabinet that can be secured). If the collector always places the sealed plastic bags immediately into shipping containers, there is no need to have a secure temporary location available at the collection site.

#### **G. DRUG TESTING CHAIN OF CUSTODY FORM (CCF)**

All urine specimens must be collected using chain of custody. Chain of custody is the term used to describe the process of documenting the handling and storage of a specimen from the time a donor gives the specimen to the collector to the final disposition of the specimen. SECON provides the chain of custody. The chain of custody is completed by the Drug Court Staff and provided to the SECON staff during time allotted for client urine screens.

#### **H. COLLECTION PROCEDURE**

The following steps describe a typical urine collection procedure.

##### **STEPS**

1. The collector prepares the collection site to collect urine specimens. All collection supplies must be available, the area properly secured, water sources secured, and bluing agent placed in all toilets.
2. The collector begins the collection without delay after the donor arrives at the collection site.  

Note: Do not wait because the donor is not ready, is unable to urinate, or an authorized employer or employee representative is delayed in arriving.
3. The collector requests the donor to present an acceptable form of identification as described above.

4. The collector reviews the instructions on the CCF with the donor.
5. The collector begins entering information and/or ensures that the required information is provided at the top of the CCF (the laboratory name and address and a pre-printed specimen ID number) and in Step 1 of the CCF (employer's name, address, and I.D. number (if applicable), donor SSN or employee ID number, reason for test, drug test to be performed, collection site information).
6. The collector asks the donor to remove any unnecessary outer clothing (e.g., coat, jacket, hat, etc.) and to leave any briefcase, purse, or other personal belongings he or she is carrying with the outer clothing. The donor may retain his or her wallet.
7. The collector directs the donor to empty his or her pockets and display the items to ensure that no items are present that could be used to adulterate the specimen. If nothing is there that can be used to adulterate a specimen, the donor places the items back into the pockets and the collection procedure continues.
8. The collector instructs the donor to wash and dry his or her hands, preferably under the collector's observation and must not wash his or her hands again until after delivering the specimen to the collector.

Note: The donor must not be allowed any further access to water or other materials that could be used to adulterate/dilute the specimen.

9. The collector either gives the donor or allows the donor to select the collection container from the available supply. Either the collector or the donor, with both present, then unwraps or breaks the seal of the collection container.

Note: Do not unwrap or break the seal on any specimen bottle at this time.

Note: Do not allow the donor to take anything except the collection container into the room used for urination.

10. The collector directs the donor to go into the room used for urination, provide a specimen of at least 30 mL.

Note: Pay close attention to the donor during the entire collection process to note any conduct that clearly indicates an attempt to substitute or adulterate a specimen.

11. After the donor hands the specimen to the collector, the collector must check the specimen volume, and inspect the specimen for adulteration or substitution.

12. The collector and donor complete the chain of custody form, seal the specimen, and prepare the specimen for shipping.

## **I. SHIPPING PROCEDURE**

1. All specimens shall be prepared for shipping to the laboratory via overnight courier. The laboratory will provide the necessary shipping materials and airbills.
2. The laboratory will document receipt of each specimen delivered by the overnight courier.

## **J. LABORATORY PROCEDURE**

1. The laboratory personnel accession the specimens, review the chain of custody forms for accuracy, and inspect the specimen seals to ensure integrity of the sample. If there are no discrepancies, the specimen is prepared for testing. If the specimen numbers on the CCF and the security seal do not match, or the CCF is improperly completed, or the security seal is broken, the laboratory will issue a “No Test” for this specimen.
2. The screening procedure used at is immunoassay technology for the following five drug groups: cannabinoids, amphetamines, cocaine metabolite, opiates, and phencyclidine. In addition, to determine specimen integrity a urine creatinine concentration is assayed on all samples. If the creatinine is abnormal, the specific gravity is determined with a refractometer and the color, clarity and odor are noted. These measures of specimen character constitute the adulterant test. Samples suspected of chlorine, glutaraldehyde or soap adulteration are also tested further
3. After each run, the analyst must review and sign the printout and aliquot chain of custody after determining the quality control acceptability. A “negative batch report” of each test specimen is generated from the host computer, followed by a review of the run data by another technologist. The certifying officer will review and sign the accompanying forms and enter the results into the computer. All suspect positive and adulterants are held in the computer to be released at a later time.
4. Positive screened specimens are held in frozen storage, and/or submitted to GC/MS confirmation testing, when requested.

## **K. RESULT REPORTING**

Final reports are submitted by SECON via their website. Urine screen results are stored on their secure website and available for viewing daily.

## L. POSITIVE RESULTS

Any client that has been identified as having provided a positive result is given the opportunity to admit or deny using drugs. If the client admits to using, it is addressed therapeutically as part of the client's addiction and reported to the court for appropriate sanction. A review of the client's relapse prevention plan will be conducted. A decision will be made as to whether the client is in need of referral for services outside the scope of this clinic, such as detox, inpatient treatment, or halfway house placement.

If the client denies using he or she is offered the opportunity to have the sample in question sent to the state contracted lab for GC/MS confirmation testing. The Judge offers the client the opportunity to have a GC/MS performed.

## M. GCMS TESTING

St. Mary Parish Young Adult Drug Court Outpatient Clinic recognizes that samples are not confirmed positive until tested and confirmed by GC/MS testing procedures. All positive results are presumptive until the judge orders GC/MS testing and the client pays the fee for the GCMS to be performed.

<b>The prices for GCMS Testing are as follows:</b>			
<b>\$25.00</b>	<b>Alcohol</b>	<b>\$25.00</b>	<b>Methadone</b>
<b>\$25.00</b>	<b>Barbiturates</b>	<b>\$25.00</b>	<b>Oxycotin</b>
<b>\$25.00</b>	<b>Benzodiazepines</b>	<b>\$25.00</b>	<b>Suboxone</b>
<b>\$25.00</b>	<b>Cocaine</b>	<b>\$30.00</b>	<b>Amphetamines</b>
<b>\$25.00</b>	<b>METG</b>	<b>\$50.00</b>	<b>Opiates</b>
<b>\$25.00</b>	<b>Marijuana</b>	<b>\$52.00</b>	<b>Soma</b>

Positive urine samples will remain under the control of the Lab Tech once they are collected for up to 6 months.

Every effort must be made to avoid the possible risk of contamination of any sample to be tested. Should contamination be suspected, the sample in question will be disposed of and any results derived from sample will be disregarded and deleted from the clients' record.

## N. CUTOFF LEVELS

The cutoff levels established are those that have been agreed to with Louisiana Reference Labs (or other state contracted independent lab) as being detectable by GC/MS confirmation testing at the lowest levels possible in accordance with the "zero tolerance" policy of the drug court philosophy.

<b>Cutoff Levels are as follows:</b>			
<b>Amphetamines</b>	<b>500 ng/ml</b>	<b>METG</b>	<b>500 ng/ml</b>
<b>Barbiturates</b>	<b>200 ng/ml</b>	<b>Methadone</b>	<b>300 mg/dl</b>
<b>Bath Salt</b>	<b>25 ng/ml</b>	<b>Opiates</b>	<b>300 ng/ml</b>
<b>Benzodiazepines</b>	<b>200 ng/ml</b>	<b>Soma</b>	<b>100 ng/ml</b>
<b>Cocaine</b>	<b>150 ng/ml</b>	<b>Suboxone</b>	<b>5 ng/ml</b>
<b>Ethanol</b>	<b>20 ng/ml</b>	<b>Synthetic Marijuana</b>	<b>0.5 ng/ml</b>
<b>Marijuana</b>	<b>50 ng/ml</b>		

**O. ADULTERATED SAMPLES**

Any client suspected of providing adulterated samples will be asked to provide a second sample immediately. If the results of the second sample differ significantly from the results of the first sample, a third sample may be requested. Once all test results have been obtained, the client may be cleared of suspicion or face sanction for this violation.

**P. INFECTION CONTROL**

Any staff member involved in the collection, handling and testing or has contact in any way with urine specimens is required to wear protective gloves while working in this environment. In the event that a urine specimen comes in contact with anyone, the following safety precautions will be implemented:

- < *Eye Contact:* The eye should be flushed immediately with cold water and reported to the nurses’ station on the 2<sup>nd</sup> floor of Fairview Treatment Center. An incident report must be completed and reported to the program director.
- < *Skin Contact:* The skin should be washed immediately with soap and water and an incident report completed. Notify the program director.
- < *Clothing Contact:* The clothing should be removed immediately if possible. If not, the affected area should be soaked and diluted immediately. The clothing should be changed at the earliest possibility. An incident report must be completed and the program director notified.

No food or drink is allowed in the Lab at any time.

## **STANDARD V**

The Judge is the “leader,” of the entire program serving as a linkage between clients and the criminal justice system. He works with all entities from admission to discharge. He monitors progress of clients, meeting with clients on a regular basis at status hearings. The Judge has the final word on sanctions and incentives.

The drug court team meets weekly to discuss the status of the clients. The drug court team consists of the district attorney, probation, indigent defender, and the treatment team. All parties offer information concerning the client’s progress in treatment. The judge is open to all feedback given by the team and use the information for issuing suitable incentives and/or sanctions.

### **A. INCENTIVES**

Incentives are a vital “tool” in the drug court program. They vary, depending on circumstance, from simple encouragement and praise from the Judge to the graduation ceremony upon program completion. Many of our incentives are provided by the local businesses in the community. The incentives utilized are as follows:

#### **INCENTIVES**

- Phase advancement
- T-Shirts
- Baseball Caps
- Mugs
- Reduction in status hearings
- Sanction free recognition at graduation ceremonies (receive a special certificate and AA Big Book)
- Client of the month awards (parking spot, certificate, AA Big Book, and urine screen payment certificate)
- Extend curfew hours
- Travel out of state for special occasions
- Graduation
- Serenity Prayer Medallions

### **B. SANCTIONS**

Sanctions are used whenever non-compliance becomes an issue. This schedule is an effort to achieve consistency and uniformity. The schedule is included in the client handbook. The idea is that if a client knows “up-front” what is expected and what the consequences of non-compliance are he will be more compliant. The perception of the program is likely to be viewed as fair and consistent. The sanctions utilized are as follows:

## SANCTION SCHEDULE

**Drug Screen Sanctions (DSS)—Positive Urine Screens, Unexcused No Show for Urine Screens, Stalls, and Diluted Urine Screens and Unauthorized Use of Prescription Medicine after the 4<sup>th</sup> dilute are all counted together as DSS sanctions.**

DSS—1	2 Days Jail	DSS—9	18 Days Jail
DSS—2	4 Days Jail	DSS—10	20 Days Jail
DSS—3	6 Days Jail	DSS—11	22 Days Jail
DSS—4	8 Days Jail	DSS—12	24 Days Jail
DSS—5	10 Days Jail	DSS—13	26 Days Jail
DSS—6	12 Days Jail	DSS—14	28 Days Jail
DSS—7	14 Days Jail	DSS—15	30 Days Jail
DSS—8	16 Days Jail	DSS—16	Revoke

### Admitting to a Relapse Policy:

*The guidelines for admitting to a relapse and receiving a lesser penalty are as follows:*

- In order to receive a reduction on sanction time based upon a confession of a positive drug screen, a client must make a voluntary confession to his/her counselor by 3:00 p.m. on the day following the drug screen. This confession must be made in person, by telephone, on your counselor's voicemail, or to the Counselor on Call.
- Clients who blow positive on a breath test and contact their counselors afterwards, *do not qualify* for a reduction of sanction time.

### Synthetic Cannabinoids and Bath Salt Positive

1 <sup>st</sup> Positive	30 days in jail, serving complete sentence; Inpatient Referral; and demote to previous Phase. Due to Phase I clients not being able to be demoted, they will be required to complete 1 month in Phase I upon completion of Inpatient.
2 <sup>nd</sup> Positive	Revoke or Re-Entry

### Dilute Urine Screen

1 <sup>st</sup> Dilute	Verbal Warning
2 <sup>nd</sup> Dilute	8 Hours Community Service and Daily Urine Screens for 2 weeks
3 <sup>rd</sup> Dilute	16 Hours Community Service, Daily Urine Screens for 2 weeks and 1 month added to Phase advancement requirements.
4 <sup>th</sup> Dilute	1 day in Jail, Daily Urine Screens for 2 weeks and 2 months added to Phase advancement requirements.
5 <sup>th</sup> Dilute	Any dilutes after the 4 <sup>th</sup> diluted urine screen will be sanctioned as a DSS sanction and will be counted as the next DSS sanction based upon your sanction history. Along with Daily Urine Screens for 2 weeks and 2 months added to Phase advancement requirements.

**Re-Entry Client Positive Urine Screen Schedule (Previously in Drug Court)**

<b>1<sup>st</sup> Positive</b>	<b>5 Days Jail</b>
<b>2<sup>nd</sup> Positive</b>	<b>10 Days Jail</b>
<b>3<sup>rd</sup> Positive</b>	<b>15 Days Jail</b>
<b>4<sup>th</sup> Positive</b>	<b>Revoke</b>

**Falsify Drug Screens**

<b>1<sup>st</sup> Falsify</b>	<b>30 Days Jail</b>
<b>2<sup>nd</sup> Falsify</b>	<b>Revoke and/or Re-Entry</b>

**No Show for Treatment (Group & Relapse Group—all counted together) (Unexcused)**

<b>1<sup>st</sup> No Show</b>	<b>8 Hours Community Service</b>	<b>6<sup>th</sup> No Show</b>	<b>1 Weekend Jail</b>
<b>2<sup>nd</sup> No Show</b>	<b>10 Hours Community Service</b>	<b>7<sup>th</sup> No Show</b>	<b>2 Weekends Jail</b>
<b>3<sup>rd</sup> No Show</b>	<b>16 Hours Community Service</b>	<b>8<sup>th</sup> No Show</b>	<b>6 Days Jail</b>
<b>4<sup>th</sup> No Show</b>	<b>24 Hours Community Service</b>	<b>9<sup>th</sup> No Show</b>	<b>8 Days Jail</b>
<b>5<sup>th</sup> No Show</b>	<b>1 Day Jail</b>	<b>10<sup>th</sup> No Show</b>	<b>Revoke</b>

**No Show for Individual (Unexcused) (Young Adult Program)**

<b>1<sup>st</sup> No Show</b>	<b>Verbal Warning</b>	<b>6<sup>th</sup> No Show</b>	<b>1 Day Jail</b>
<b>2<sup>nd</sup> No Show</b>	<b>8 Hours Community Service</b>	<b>7<sup>th</sup> No Show</b>	<b>1 Weekend Jail</b>
<b>3<sup>rd</sup> No Show</b>	<b>10 Hours Community Service</b>	<b>8<sup>th</sup> No Show</b>	<b>2 Weekends Jail</b>
<b>4<sup>th</sup> No Show</b>	<b>16 Hours Community Service</b>	<b>9<sup>th</sup> No Show</b>	<b>6 Days Jail</b>
<b>5<sup>th</sup> No Show</b>	<b>24 Hours Community Service</b>	<b>10<sup>th</sup> No Show</b>	<b>Revoke</b>

**Discharged or Kicked Out of Group or Treatment**

<b>1<sup>st</sup> Discharged</b>	<b>1 Day Jail</b>
<b>2<sup>nd</sup> Discharged</b>	<b>2 Days Jail</b>
<b>3<sup>rd</sup> Discharged</b>	<b>4 Days Jail</b>
<b>4<sup>th</sup> Discharged</b>	<b>6 Days Jail</b>
<b>5<sup>th</sup> Discharged</b>	<b>8 Days Jail</b>

**Falsify AA Meetings, Work Excuses, Medical Excuses, Employment Verification, and/or Community Service**

<b>1<sup>st</sup> Falsify</b>	<b>5 Days Jail</b>
<b>2<sup>nd</sup> Falsify</b>	<b>10 Days Jail</b>
<b>3<sup>rd</sup> Falsify</b>	<b>15 Days Jail</b>
<b>4<sup>th</sup> Falsify</b>	<b>Revoke or Re-Entry</b>

**Missed AA Meeting or Failure to Turn In AA Meetings**

<b>1<sup>st</sup> Missed</b>	<b>8 Hours Community Service</b>	<b>5<sup>th</sup> Missed</b>	<b>16 Hours Jail</b>
<b>2<sup>nd</sup> Missed</b>	<b>16 Hours Community Service</b>	<b>6<sup>th</sup> Missed</b>	<b>1 Day Jail</b>
<b>3<sup>rd</sup> Missed</b>	<b>24 Hours Community Service</b>	<b>7<sup>th</sup> Missed</b>	<b>2 Days Jail</b>



<b>2<sup>nd</sup> Violation</b>	<b>2 Weekends Jail</b>
<b>3<sup>rd</sup> Violation</b>	<b>6 Days Jail</b>
<b>4<sup>th</sup> Violation</b>	<b>8 Days Jail</b>
<b>5<sup>th</sup> Violation</b>	<b>10 Days Jail</b>

#### **Curfew Violation**

<b>1<sup>st</sup> Violation</b>	4 Hours Community Service	<b>4<sup>th</sup> Violation</b>	<b>8 Hours Jail</b>
<b>2<sup>nd</sup> Violation</b>	8 Hours Community Service	<b>5<sup>th</sup> Violation</b>	<b>1 Day Jail</b>
<b>3<sup>rd</sup> Violation</b>	<b>16 Hours Community Service</b>	<b>6<sup>th</sup> Violation</b>	<b>2 Days Jail</b>

#### **Transportation Violation**

<b>1<sup>st</sup> Violation</b>	Verbal Warning	<b>4<sup>th</sup> Violation</b>	<b>16 Hours Community Service</b>
<b>2<sup>nd</sup> Violation</b>	4 Hours Community Service	<b>5<sup>th</sup> Violation</b>	<b>24 Hours Community Service</b>
<b>3<sup>rd</sup> Violation</b>	8 Hours Community Service	<b>6<sup>th</sup> Violation</b>	<b>May lead to Suspension from Transportation Services</b>

#### **UA Contract Violation**

<b>1<sup>st</sup> Failure</b>	Verbal Warning	<b>6<sup>th</sup> Failure</b>	<b>16 Hours Community Service</b>
<b>2<sup>nd</sup> Failure</b>	Verbal Warning	<b>7<sup>th</sup> Failure</b>	<b>24 Hours Community Service</b>
<b>3<sup>rd</sup> Failure</b>	4 Hours Community Service	<b>8<sup>th</sup> Failure</b>	<b>8 Hours Jail</b>
<b>4<sup>th</sup> Failure</b>	8 Hours Community Service	<b>9<sup>th</sup> Failure</b>	<b>16 Hours Jail</b>
<b>5<sup>th</sup> Failure</b>	12 Hours Community Service	<b>10<sup>th</sup> Failure</b>	<b>1 Day Jail</b>

## **VI. STATUS HEARINGS**

### **A. STATUS HEARINGS SCHEDULE BY PHASES**

- ❖ Phase I - Status Hearing every week.
- ❖ Phase II - Status Hearing every 2 weeks.
- ❖ Phase III - Status Hearing every 3 weeks.
- ❖ Phase IV - Statue Hearing every 4 weeks.
- ❖ Aftercare - Statue Hearing every 8 weeks.

### **B. INCENTIVES AND SANCTIONS**

As reported in Standard V, all clients are subject to incentives and sanctions in accordance with their behavior. The judge implies sanctions according to our sanction schedule. Incentives are given to reward the quality and improved behavior of the clients.

### **C. PROBATION**

16<sup>th</sup> JDC District Attorney's Office supplies St. Mary Parish Young Adult Drug Court with a Probation Officer. She is assigned exclusively to the drug court program. The probation officer collects all fees, fines, and restitution due to the court. Clients must schedule a monthly meeting with her to make payments. Clients are sanctioned if they do not attend their monthly appointment. She reports to the court on a regular basis concerning status of clients and attends all status hearings.

## VII. MONITORING AND EVALUATION

### A. PROGRAM GOALS AND OBJECTIVES

**GOAL 1: REDUCE SUBSTANCE ABUSE AND RECIDIVISM AMONG NON-VIOLENT OFFENDERS WHILE ENHANCING THEIR QUALITY OF LIFE.**

*Objective:* Reduce the use of alcohol and mood altering drugs in 75% of the enrolled clients within 12 months of participation.

*Objective:* 75% of clients will not be rearrested for drug related offenses while participating in the program.

*Objective:* Improve the physical health of 80% of the clients participating in the program.

*Objective:* Provide services to the family and children members of clients.

*Objective:* Improve the emotional, psychological, cultural and spiritual well being of 75% of the clients who complete the program.

*Objective:* Improve the social functioning and communication skills of 80% of the clients who complete the program.

*Objective:* 80% of the clients who have completed the program will not be arrested for new offenses for one year after their completion date.

**GOAL 2: DEMONSTRATE THE EFFECTIVENESS OF THE ST. MARY PARISH DRUG COURT PROGRAM IN REDUCING RECIDIVISM.**

*Objective:* Collect data to measure the effectiveness of the program on those who complete as compared to those who did not participate.

*Objective:* Continue to input and track client data into the Supreme Court Drug Court Offices "DCCM" Internet base program.

**GOAL 3: MEET THE NEEDS OF MINORITY CLIENTS MORE EFFECTIVELY.**

*Objective:* Reduce recidivism of offenders who are minorities through participation in drug court program.

*Objective:* Provide services to minority clients in the form of a

weekly cultural therapy group.

**GOAL 4: ENHANCE AND INCREASE TRAINING FOR COUNSELORS, FOCUSING ON CHEMICAL DEPENDENCY.**

*Objective:* In-house training by experienced staff, utilizing licensed contract counselors (LPC's & LCSW's) and Psychiatrist

*Objective:* Increase attendance at seminars and workshops.

*Objective:* Provide a minimum of one contact hour a week training and supervision by the Program Director for all counselors seeking certification in Substance Abuse Counseling.

**GOAL 5: TO CONTRACT WITH AND ESTALBISH AN ONGOING CONSULTATION WITH A PSYCHIATRIST FOR CLIENT EVALUATION, MEDICATION MANAGEMENT, AND FOLLOW UP CARE.**

*Objective:* The service will be utilized for those clients with a suspected mental health diagnosis.

**GOAL 6: MEET THE NEEDS OF YOUNG ADULT CLIENTS MORE EFFECTIVELY**

*Objective:* Provide research based services specifically targeted to the needs of 18-25 year old clients through a young adult case manager.

*Objective:* Provide group therapy to 18-25 year old clients through peer grouping in Phases I & II and Relapse Group.

*Objective:* Increase success and motivation of 18-25 year old clients through peer mentoring network.

**GOAL 7: INCREASE SUCCESSFUL REINTEGRATION INTO COMMUNITY**

*Objective:* Provide less restrictive services at each phase advancement, with peer grouping ending in Phase III to reintegrate clients into the regular adult population.

*Objective:* Provide assistance and/or referrals for issues including, but not limited to, parenting, access to public assistance, and career and educational opportunities.

## **B. DCCM (Drug Court Case Management System)**

St. Mary Young Adult Drug Court Outpatient Clinic has entered into an agreement with Louisiana Supreme Court to assist this drug court program in the implementation of an additional evaluation. The La. Supreme Court will monitor the evaluation implementation, develop process and outcome analysis as well as, cost effectiveness analysis. This process has begun with monthly data reports completed by our office and sent to the Supreme Court. The DCCM (Drug Court Case Management System) provide drug court and SCDCO with information that can help assess drug court performance and impact.

As a secure system the DCCM maintains two levels of integrity of stored data:

1. All client information is housed on a secure server at the Louisiana Supreme Court where redundant systems and disaster recovery protocols have been established.
2. An employee's position and role within the drug court determines his/her rights to the DCCM, including type and level of user access, i.e., screen access, data entry, and edit or view only capabilities.

All Drug Court employees and contract personnel must adhere to written policies, consistent with state and federal guidelines that protect against unauthorized disclosure of client records and personal identifying information.

## **VIII. CONTINUED INTERDISCIPLINARY EDUCATION**

St. Mary Parish Drug Court Outpatient Clinic promotes continued education for our members so they may serve the best interest of their clients and the profession. Each licensed staff member, in accordance with their respective profession, must maintain a certain amount of CEUs each year for renewal of licensure. Staff members must turn in a copy of CEU certificates to the Administrative Manager to be filed in their personnel records as documentation of attaining these credits.

We pride ourselves in promoting continued education. The following organizations provide opportunities to learn about a variety of subjects pertaining to Drug Court:

**LADCP (Louisiana Association of Drug Court Professionals)**  
**NADCP (National Association of Drug Court Professionals)**

## **X. RECORD MAINTENANCE POLICY**

In accordance with state policy, all client records are stored for 6 years after discharge from the program. All clients' records are shredded after those 6 years have expired.

## **XI. CONTINUITY OF OPERATIONS PLAN (COOP)**

In compliance with the Louisiana Supreme Court we have an Emergency Plan put into place for different types of emergency events. See COOP in Index.

## **XI. MEMORANDUM OF UNDERSTANDING**

St. Mary Young Adult Drug Court Outpatient Clinic and the following organizations or persons have entered into a cooperative agreement to provide ancillary services for our clients:

- I. The District Attorney's Office, 16<sup>th</sup> Judicial District agrees to the following:
  - a. Meet regularly with all staff to discuss client issues and attend status hearings.
  - b. Refer all clients for admission.
  - c. Recommend appropriate sanctions for non-compliance.
  - d. Monitor probation officers and police officers to assure compliance with court instructions.
  
- II. The St. Mary Parish Sheriff's Department agrees to the following:
  - a. Provide male and females facilities for incarceration of clients whose sanctions require jail time.
  - b. Provide male and female facilities to conduct Re-entry classes for incarcerated clients.
  - c. Transport clients to and from court as needed to appear for status hearings and/or to begin serving sanction time after status hearings.
  
- III. The Hon. James R. McClelland agrees to the following:
  - a. Oversee the entire program.
  - b. Work with all other players from admission to discharge.
  - c. Monitor progress of clients by meeting with clients on a regular basis at status hearings.
  - d. Have the final word on sanctions and incentives.
  
- IV. Louis Pittman or client's personal attorney agrees to the following:
  - a. Meet with clients prior to admission to advise on program criteria and expectations.
  - b. Help clients discern whether the program is appropriate for their particular case.
  - c. Advise clients regarding the consequences of failure to complete the program.
  - d. Be present at time of pleading and revocation.
  - e. Address legal issues should they arise during client's participation.
  
- V. Lt. Monique Francis agrees to the following:
  - a. Act as a conduit between the Court and treatment provider, working with all parties to assure client compliance.
  - b. Work closely with the Judge, relaying information obtained in the field such as; clients' home environment, work environment and places frequented by the client that may constitute an obstacle to maintaining sobriety.
  - c. Follow up on any bench warrants issued and communicate daily with all community police agencies to monitor any re-arrests of participants.

- VI. Lars Levy, LAC, CCGC, NCAC agrees to the following:
  - a. Oversee the treatment component of the program.
  - b. Supervise the Program Director and all administrative functions of treatment for the 16<sup>th</sup> Judicial District Drug Court including financial and budgetary responsibilities.
  - c. Establish policy and procedure in accordance with the Louisiana Department of Health & Hospitals and reports to the Regional Administrator for that agency.
  
- VII. Keona Lanceslin, LMSW, LAC, CCS agrees to the following:
  - a. Report to the Administrator.
  - b. Oversee the day-to-day operations of the Clinic including the training and supervision of all counseling staff.
  - c. Oversee the supervision and training of the drug testing component as well as the case management staff.
  - d. Attend all staff meetings and status hearings.
  - e. Direct activities and reporting to ensure quality and care to all clients.
  
- VIII. Kimberly Aucoin agrees to the following:
  - a. Compile all of the data that is presented at each status hearing. This status report lists each person on that day's docket, what happened at the last court appearance, what the current status of the client is in treatment, recommendations based on clients' participation and tracks what happens at the current status hearing. This report is given to the Judge, the Assistant District Attorney, Probation Officer and treatment provider. The report is also used in the staff meeting prior to the status hearing.
  - b. Prepare reports and maintain client records relating to medical testing.
  
- IX. Deborah Holley agrees to the following:
  - a. Prepare inpatient referrals for clients in need of detox and/or inpatient treatment.
  - b. Provide job placement as needed.
  - c. Complete referrals for Louisiana Rehabilitation Services.
  - d. Maintain client records relating to employment.
  
- X. Mae Clarkston agrees to the following:
  - a. Screen clients for admission and once accepted, begin to address client needs for ancillary services. These services include; medical, educational and employment needs.
  
- XI. Corinne Thornton agrees to the following:
  - a. Screen all candidates and make referrals for assessment by the treatment provider.
  - b. Collect all fees due to the court.

- c. Monitor any sanctions rendered by the court, i.e.: community service.
  - d. Meet weekly with treatment staff to monitor client participation.
  - e. Available daily should problems arise.
  - f. Is assigned exclusively to the drug court program.
  - g. Report to the court on a regular basis concerning status of clients and attend all status hearings.
- XII. Melissa Dupre, MA, CI agrees to the following:
- a. Facilitate the client's recovery through intensive outpatient treatment. The treatment will include education in chemical dependence and relapse prevention. The methods used will include individual and group therapy sessions, as well as groups specifically targeted to young adults ages 18-25.
  - b. Maintain accurate and complete case records on each client.
  - c. Attend status hearings and make recommendations to the court with regard to appropriate sanctions and incentives and phase advancement or demotion.
- XIII. Randy Buxton, LAC agrees to the following:
- a. Conduct Relapse Group for the Young Adult Program.
  - b. Conduct Phase I Educational Group and Therapy Group Sessions when needed.
  - c. Attend staffing/treatment team meetings with respective staff.
  - d. Chart client's progress in DCCM and on the case activity form in client's charts.
- XIV. Donnie Frizzell agrees to the following:
- a. Provide instruction in work readiness and life skills to incarcerated male clients and/or clients assigned to Job Readiness at the treatment facility in areas such as self-assessment, oral/visual communication, written communication, and job search.
- XV. Cindy Viola agrees to the following:
- a. Provide instruction in work readiness and life skills to incarcerated female clients in areas such as self-assessment, oral/visual communication, written communication, and job search.
- XVI. Secon: The Drug Screening Company agrees to the following:
- a. Provide onsite, random drug testing to include urine and saliva collections.
  - b. Promptly report to the treatment team the results of drug tests administered to Young Adult participants.

St. Mary Young Adult Drug Court Outpatient Clinic has also met with area employers and many have agreed to hire our recovering clients. We maintain a relationship with these employers once the client has been hired to verify continuing employment and job performance. Employers also contact us whenever they are experiencing problems with one of their employees in the program to try to resolve the matter quickly and to retain that employee. This

relationship has proven to be very successful and is a tremendous support to the program.

Due to the continuing support of the employers and the agencies listed above, we have been able to greatly affect the quality of life for our clients and their families.